

INITIALS	ID NO.	DATE
HA	45 69652	12/3
FEE DETERMINATION		
O.I.P.E. CLASSIFIER		
FORMALITY REVIEW		
RESPONSE FORMALITY REVIEW		

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
1	10/24/03
2	11/13
3	11/20/03
4	11/20/03
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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